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Statement for the Record Prepared by Congresswoman Cathy McMorris Rodgers (WA-05)
Submitted to the House Select Subcommittee on the Coronavirus Crisis

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Chairman Clyburn, Ranking Member Scalise, and Members of the Select Subcommittee on the Coronavirus Crisis: thank you for holding this very important hearing titled, “A View from the States, Territories, and District: Governors Respond to the Omicron Variant.” I appreciate the opportunity to submit this statement for the record today.

The COVID-19 pandemic has taken a toll on all of us. It has been a challenging time for everyone, especially those who have lost loved ones. Two years into this pandemic, it’s well-past time we have an honest conversation about the consequences of policies put in place by the Biden administration and various governors across the country, as well as the negative impacts they are having on Americans and our children.

Some elected officials and media outlets will have you believe the greatest threat to America’s children is COVID-19. In reality, data suggest that if infected with COVID-19, children have far better health outcomes than many adults. Recent data from Public Health of England found that COVID-19 poses a lower risk of hospitalization to unvaccinated children than it does to fully vaccinated individuals between the ages of 40 and 49.¹ Furthermore, while every death is a tragedy, according to the American Academy of Pediatrics, 0 to 0.03 percent of all reported child COVID-19 cases have resulted in death.²

In Washington State, despite this overwhelming scientific data, Governor Jay Inslee has instituted a state-wide mask mandate for most indoor settings, including K-12 schools.³ I’ve heard from parents across the State who are frustrated that their children are not allowed to take their masks off during speech therapy sessions. Parents are concerned about their children having speech setbacks and other devastating outcomes to their development. As the mother of a child with a disability, I share their worries. The constant fear mongering is making it harder for parents to assess risks and make the best decisions for their children.

On top of that, school closures have kept our children out of the classroom for too long, setting them back at a pace that they may never be able to overcome. According to *The Seattle Times*,

¹ Public Health England, COVID-19: Paediatric Surveillance, May 4, 2021: <https://www.gov.uk/guidance/covid-19-paediatric-surveillance>

² American Academy of Pediatrics, Children and COVID-19: State-Level Data Report, January 18, 2022: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

³ Proclamation 20-05.15, “Washington Ready”, August, 16, 2021: 20-25.15 - COVID-19 Washington Ready.pdf

the overall percentage of students who met state standards on the math portion of their state exam fell by 20 percentage points between 2019 and 2021.⁴ In total, just 30 percent of children in public schools met standards in math, and the percentage of kids who met the standards for English fell by 9 percentage points.⁵

This latest round of test scores provides more evidence that remote learning clearly isn't working. Our kids deserve a better future. A good education – in-person, five days a week – is the key to their success. Anything short of that will only make this crisis worse. The difficult reality is that children, adolescents, and young adults have suffered an incredible amount throughout this pandemic. Many are in despair and feel like they are lost – whether it's due to losing a loved one, social isolation, school closures, or other factors.

I recently spoke with a mother who lost her 23-year-old son to a drug overdose after purchasing a pill off Snapchat that was (unbeknownst to him) laced with fentanyl. This mother is not alone. I continue to hear heartbreaking stories like these, and they're only becoming more frequent as the COVID-19 pandemic carries on. According to the CDC, the rate of drug overdose deaths involving synthetic opioids, including fentanyl, increased 56 percent in 2020.⁶ The heavy-handed mandates from Governor Inslee and others have shut down supports for those with substance use disorders, when the impact of the isolation and stress of the pandemic was putting additional pressures on those in recovery. This is troubling to say the least.

The government response to the COVID-19 pandemic has also created a nationwide labor shortage, which has spilled over into the health care sector. On September 17, 2021, Governor Inslee sent a letter to the Biden administration's COVID-19 Response Coordinator Jeffrey Zients requesting "assistance from the federal government to provide Washington State with medical staff resources to help meet staffing needs in hospitals and in long term care facilities."⁷ Local news outlets have reported that this letter was due in part to frustration with the Biden administration's method of distributing monoclonal antibodies. *Fox 13 Seattle* reported the following:

"In an attempt to prevent the state's COVID-19 patients from getting sicker, many hospitals had started ordering monoclonal antibody treatments directly from manufacturers. Because manufacturers had suddenly become 'inundated with orders,' however, Sauer [Washington State Hospital Association CEO] said the federal government is returning to its previous distribution system, where a state gets an allocation of monoclonal antibodies, then distributes it among its communities. For these

⁴ Bazzaz, Dahlia, "Washington students' test scores drop significantly in first exams since pandemic began", *Seattle Times*, January 18, 2022: <https://www.seattletimes.com/education-lab/in-first-assessment-since-the-pandemic-began-washington-student-test-scores-drop-significantly/>

⁵ Bazzaz, *Ibid.*

⁶ National Center for Health Statistics, Drug Overdose Deaths in the United States, 1999–2020, <https://www.cdc.gov/nchs/products/databriefs/db428.htm>

⁷ https://www.governor.wa.gov/sites/default/files/InsleeLetterToZients.pdf?utm_medium=email&utm_source=govdelivery

reasons and more, Inslee is asking the federal government for, ‘medical staff resources to help meet staffing needs in hospitals and in long-term care facilities.’”⁸

In addition, Governor Inslee halted all “non-urgent” medical procedures – except abortions – in Washington State, indicating that the State’s hospitals are too overwhelmed and understaffed.⁹ Yet the governor has stopped at nothing to implement a COVID-19 vaccine mandate for all health care workers in the State – terminating those who do not comply and exacerbating the workforce shortage.¹⁰ According to the Washington State Hospital Association, approximately 3,000 health care workers have lost their jobs as a result of this overreaching mandate.¹¹ Imposing heavy-handed vaccine mandates onto our health care workers – who have gone above and beyond the call of duty during this pandemic – has proved to be reckless, cruel, and ineffective at stopping the spread of the virus.

Governor Inslee and the Washington State Department of Health are also in the process of establishing a “crisis standards of care” plan that hospitals should use in the event of an emergency when there are limited resources and overwhelming demand for those resources.¹²

First, I should note that we pray no state ever has to deploy these standards. Crisis standards of care are meant to ensure that care is distributed fairly and that it prioritizes saving the most lives possible. But in order for them to work, we have to ensure that they are in fact fair and do successfully prioritize saving the most lives possible. I have two significant concerns with the crisis standards currently under consideration by the state of Washington. For starters, they have developed a color-coded scale by which they’ll determine likelihood of survival.¹³ While on paper this is likely fair and would pass muster among bioethicists, in practice this policy leaves the door open for people with disabilities to be unfairly discriminated against without appropriate safeguards in place. For example, hospital staff could make incorrect assumptions that a person with a disability has a lower likelihood of survival just because of their disability – as opposed to a factually-based determination of their overall health – and move them to a lower color category that may deny them an opportunity for care during a crisis.

⁸ Thompson, Franque, “Gov. Inslee requests federal assistance for Washington hospitals overwhelmed with COVID-19 patients”, Q13 Fox, September 20, 2021: <https://www.q13fox.com/news/governor-inslee-requests-federal-assistance-for-hospitals-overwhelmed-with-covid-19-patients>

⁹ Proclamation 20-24.3, “Restrictions on Non-Urgent Medical Procedures”, January 6, 2022: https://www.governor.wa.gov/sites/default/files/proclamations/20-24.3%20-%20Restrictions%20On%20Non-Urgent%20Medical%20Procedures%20%28tmp%29.pdf?utm_medium=email&utm_source=govdelivery

¹⁰ Proclamation 21-14, “COVID-19 Vaccination Requirement”, August 9, 2021: <https://www.governor.wa.gov/sites/default/files/proclamations/21-14%20-%20COVID-19%20Vax%20Washington%20%28tmp%29.pdf>

¹¹ King 5, “Roughly 3,000 hospital workers lost jobs over Washington’s COVID-19 vaccine mandate”, November 17, 2021: <https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

¹² Washington State Department of Health, October 15, 2021: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/821-151-CSC-TT-guidebook.PDF>

¹³ Ibid, Pages 22-23.

Furthermore, in instances where there are two patients needing the same course of treatment that have both been determined to have the same likelihood of survival post hospitalization, the plan suggests hospitals use a “social vulnerability index” to determine who should receive treatment.¹⁴ In other words, the State has developed a system that looks at various “privileges” that may impact health (e.g. wealth or race) and favors the individual with fewer “privileges” because he or she may have had lesser opportunity to receive care elsewhere or prevent the need for care in the first place. The State’s willingness to make such broad assumptions about a patient in need is profoundly un-American and beyond the pale. The usage of a “social vulnerability index” is abhorrent and discriminates against people who need help in a crisis as opposed to relying on fairer practices for distributing resources.

I, along with my constituents in Washington’s 5th Congressional District, are beyond frustrated by Governor Inslee’s unrelenting “command and control” tactics in response to the pandemic. Instead of listening to individuals, communities, and counties about their experiences and needs, politicians in Olympia have made unilateral decisions about lockdowns, school closures, and mask and vaccine mandates. I have said from the beginning of this pandemic, we need more localized solutions that recognize the regional differences that exist in our vast State and across the country.

Now, parents in Eastern Washington are holding their breath, waiting to learn if the Governor will institute a K-12 COVID-19 vaccine mandate and worrying how such a mandate would impact the ability of children to attend school in person. Such a mandate would defy all logic, and I urge the Governor to give serious consideration to the consequences that implementing such a mandate would have on our children.

The bottom line is that Americans are tired of being told what to do, and it’s time for our leaders to listen to what the people are saying. The response to COVID-19 in Washington State will have devastating consequences for our children’s and State’s future. It’s time to start having an honest conversation about how we work together to get our lives back to normal. The future of our communities, State, and nation depends on it.

¹⁴ Ibid, Pages 30-31.